

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: April 1, 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Housing Authority of the City of Calhoun, GA

PHA Number: GA119

PHA Fiscal Year Beginning: (April/2001)

PHA Plan Contact Information:

Name: Patsy O. Thacker

Phone: 706-629-9183

TDD: 706-629-9183

Email (p.thacker@mindspring.com)

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

☒

Main administrative office of the PHA

☐

PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

☒

Main administrative office of the PHA

☐

PHA development management offices

☐

Main administrative office of the local, county or State government

☐

Public library

☐

PHA website

☐

Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

☒

Main business office of the PHA

☐

PHA development management offices

☐

Other (list below)

PHA Programs Administered:

☐

Public Housing and Section 8

☐

Section 8 Only

☒ Public Housing Only

Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

There is no change in any policies or programs. However, there was a mistake on the five-year plan last year. Please see (page 14 a). An applicant is moved to the bottom of the list if they refuse one apartment unless unusual circumstances are present. This is based on our ACOP.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 365,000

C. X Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. X Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$
\$57,000

C. X Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. X Yes ☐ No: The PHDEP Plan is attached at Attachment D

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

B.

1. X Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (ga119g01)

3. . In what manner did the PHA address those comments? (select all that apply)

☐ The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

☐ Yes ☐ No: below or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.

X Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment (ga119g01).

☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (State of Georgia five-year consolidated plan)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (56 units of affordable housing is under construction using HOME funds and Tax Credits)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

See Attachment I

A. Substantial Deviation from the 5-year Plan:

None

B. Significant Amendment or Modification to the Annual Plan:

None

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: <ul style="list-style-type: none"> Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name:		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant:
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: </div> <div> <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report </div> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name:		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$57,000 _____

B. Eligibility type (Indicate with an “x”) N1 _____ N2 _____ R _____

C. FFY in which funding is requested 04/01/2001 _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

The plan provides after-school care which includes homework sessions, tutoring, field trips, computer lab, project research, cultural events and provides for participation in league sports which are sponsored by Gordon County/City of Calhoun and the Housing Authority. A family advocate is provided in collaboration with The Department of Family and Childrens Services.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
Cologa/Wylie McDaniel Homes	68	186
Hillhouse/Alexander Homes	48	90
James Keene/C.M. Jones Homes	84	133
A. Hasting Scoggins/T.L. Shanahan Homes	50	72

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months X 18 Months 24 Months

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995	125,000	GA06DEP1190195	-0-	-0-	11/01/95	10/31/97
FY 1996	-0-					
FY 1997	75,000	GA06DEP1190197	-0-	GE	12/01/97	01/26/00
FY1998	75,000	GA06DEP1190198	-0-	-0-	12-01/98	11/30/99
FY 1999	54,985	GA06DEP1190199	-0-	-0-	12/14/99	12/14/00
FY2000	57,306	GA06DEP1190100	38,204	-0-	07/11/00	07/11/01

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

The Calhoun Housing Authorities comprehensive plan to eliminate substance abuse includes the “Imagination Station” and, with the cooperation of Department of Family and Children Services, a Family Advocate. The Imagination Station provides homework assistance, a computer lab, recreation

and education projects to about 40 children on any given day. The Family Advocate is located on-site and provides case management and referral services to all residents of public housing.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY 2001 PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	57,306
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement	Total PHDEP Funding: \$
--	--------------------------------

Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$ 57,306				
Goal(s)									
Objectives									

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.Imagination Station	40	School Age Children	07/11/00	7/11/01	47,306	\$6000. United Way	
2.Family Advocate	10/11 famile per/ week	Housing Families	07/11/00	7/11/01	10,000	\$23,023 (DFACS)	
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment E: Resident Member on the PHA Governing Board

1. X Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Harold Thompson

B. How was the resident board member selected: (select one)?

☐ Elected

X Appointed

C. The term of appointment is (include the date term expires): May 10, 1999 through March 25, 2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment F Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.) We have combined our Senior Resident Association and our Family Resident Association. We have quarterly meetings with an average of 12 residents present. Some of the members are: Pat Rutherford, Secretary, Betty Fain, Julia Crowe, Julia Nelson, Wanda Munsford, Patty Perez, Harold Thompson, Ruby Bowen, Carrie Belle Fain, Cristina Brown and Wilder Kay.

Physical Needs Assessment
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB No. 2577-0157 (exp. 7/31/98)

HA Name Calhoun Housing Authority				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number N/A		Development Name MOD for Development		DOFA Date or Construction Date _____	
Development Type:		Occupancy Type:		Structure Type:	
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>
Mutual Help	<input type="checkbox"/>			Elevator	<input type="checkbox"/>
Section 23, Bond Financed	<input type="checkbox"/>				
Number of Buildings					Number of Vacant Units
					0
Current Bedroom Distribution					0.00%
0	0	1	0	2	0
3	0	4	0	5	0
5+	0				
Total Current					
Units					0
General Description of Needed Physical Improvements					Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$0.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost				Yes	<input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability				Yes	<input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared					
Source(s) of Information:					

Management Needs Assessment
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB No. 2577-0157 (exp. 7/31/98)

HA Name

Anywhere Housing Authority

☐ Original

☐ Revision Number _____

General Description of Management/Operations Needs

Urgency of
Need (1-5)

Preliminary Estimated
HA-Wide Cost

Total Preliminary Estimated HA-Wide Cost

\$0.00

Date Assessment Prepared

Source(s) of Information:

**Executive Summary of
Preliminary Estimated Costs**Physical and Management/
Operations Needs
Comprehensive Grant Program (CGP)**U.S. Department of Housing
and Urban Development**

Office of Public and Indian Housing

OMB No. 2577-0157 (exp. 7/31/9

HA Name					Federal Fiscal Year	
Anywhere Housing Authority					1997	
Development Number/ Name		Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long Term Viability Y/N	Percent of V&E U
N/A	MOD for Development	0	\$0.00	\$0.00		
N/A	HA-Wide	N/A	See Below	N/A		
PA28P001001	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001002	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001003	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001004	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001005	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001006	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001007	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001008	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001009	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001010	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001011	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001012	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001013	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001014	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001015	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001016	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001017	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001018	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001019	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001020	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001021	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001022	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001023	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001024	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001025	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001026	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001027	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001028	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001029	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001030	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001031	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001032	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001033	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001034	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001035	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001036	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001037	Anywhere Homes	0	\$0.00	\$0.00		
Total Preliminary Estimated HA-Wide Cost						
Total Preliminary Estimated Cost for HA-Wide Management/Operations Need						
Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment						
Total Preliminary Estimated Cost for HA-Wide Administration						
Total Preliminary Estimated Cost for HA-Wide Other						
Grand Total of HA Needs						
Signature of Executive Director					Date	
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Annual Statement /Performance and Evaluation Report

U. S. Department of Housing
and Urban Development

OMB Approval No. 2577-0157 (7/98)

Comprehensive Grant Program (CGP)

Part I: Summary

Office of Public and Indian Housing

HA Name Calhoun Housing Authority	Capital Funds 501	FFY of Grant Approval 2001
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☒ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☐ Revised Annual Statement/Revision Number_____
 ☐ Performance and Evaluation Report for Program Year Ending_____
 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (may not exceed 10% of 19)	\$28,875.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements		\$0.00	\$0.00	\$0.00
4	1410 Administration	\$18,326.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs		\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement		\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$302,734.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$22,462.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
16	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
17	1498 Mod Used for Development	\$0.00	\$0.00	\$0.00	\$0.00
18	1502 Contingency (may not exceed 8% of 19)	\$0.00	\$0.00	\$0.00	\$0.00
19	Amount of Annual Grant (Sum of lines 2-19)	\$372,397.00	\$0.00	\$0.00	\$0.00
20	Amount of line 19 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of line 19 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 19 Related to Security	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 19 Related to Energy Conservation	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator & Date:

X

Patsy O. Thacker E. D.

X

[illegible]

Activity	Activity Description	Activity ID	Activity Category	Activity Location	Time Period				Total Project Cost
					Start Date	End Date	Duration	Cost	
Activity 1	Activity 1 Description	1000	Activity 1 Category	Activity 1 Location	2023-01-01	2023-01-31	31 Days	\$10,000	\$10,000
Activity 2	Activity 2 Description	2000	Activity 2 Category	Activity 2 Location	2023-02-01	2023-02-28	28 Days	\$20,000	\$20,000
Activity 3	Activity 3 Description	3000	Activity 3 Category	Activity 3 Location	2023-03-01	2023-03-31	31 Days	\$30,000	\$30,000
Activity 4	Activity 4 Description	4000	Activity 4 Category	Activity 4 Location	2023-04-01	2023-04-30	30 Days	\$40,000	\$40,000
Activity 5	Activity 5 Description	5000	Activity 5 Category	Activity 5 Location	2023-05-01	2023-05-31	31 Days	\$50,000	\$50,000
Activity 6	Activity 6 Description	6000	Activity 6 Category	Activity 6 Location	2023-06-01	2023-06-30	30 Days	\$60,000	\$60,000
Activity 7	Activity 7 Description	7000	Activity 7 Category	Activity 7 Location	2023-07-01	2023-07-31	31 Days	\$70,000	\$70,000
Activity 8	Activity 8 Description	8000	Activity 8 Category	Activity 8 Location	2023-08-01	2023-08-31	31 Days	\$80,000	\$80,000
Activity 9	Activity 9 Description	9000	Activity 9 Category	Activity 9 Location	2023-09-01	2023-09-30	30 Days	\$90,000	\$90,000
Activity 10	Activity 10 Description	10000	Activity 10 Category	Activity 10 Location	2023-10-01	2023-10-31	31 Days	\$100,000	\$100,000
Activity 11	Activity 11 Description	11000	Activity 11 Category	Activity 11 Location	2023-11-01	2023-11-30	30 Days	\$110,000	\$110,000
Activity 12	Activity 12 Description	12000	Activity 12 Category	Activity 12 Location	2023-12-01	2023-12-31	31 Days	\$120,000	\$120,000
Activity 13	Activity 13 Description	13000	Activity 13 Category	Activity 13 Location	2024-01-01	2024-01-31	31 Days	\$130,000	\$130,000
Activity 14	Activity 14 Description	14000	Activity 14 Category	Activity 14 Location	2024-02-01	2024-02-28	28 Days	\$140,000	\$140,000
Activity 15	Activity 15 Description	15000	Activity 15 Category	Activity 15 Location	2024-03-01	2024-03-31	31 Days	\$150,000	\$150,000
Activity 16	Activity 16 Description	16000	Activity 16 Category	Activity 16 Location	2024-04-01	2024-04-30	30 Days	\$160,000	\$160,000
Activity 17	Activity 17 Description	17000	Activity 17 Category	Activity 17 Location	2024-05-01	2024-05-31	31 Days	\$170,000	\$170,000
Activity 18	Activity 18 Description	18000	Activity 18 Category	Activity 18 Location	2024-06-01	2024-06-30	30 Days	\$180,000	\$180,000
Activity 19	Activity 19 Description	19000	Activity 19 Category	Activity 19 Location	2024-07-01	2024-07-31	31 Days	\$190,000	\$190,000
Activity 20	Activity 20 Description	20000	Activity 20 Category	Activity 20 Location	2024-08-01	2024-08-31	31 Days	\$200,000	\$200,000

[illegible][illegible]

Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part III: Implementation Schedule

U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Administration	09/30/02			09/30/03			
HA-Wide Nonroutine vacancy prep.	09/30/02			09/30/03			
GA119-4A James Keene Homes	09/30/02			09/30/03			
GA119-3B Alexander Homes	09/30/02			09/30/03			
Signature of Executive Director and Date				Signature of Public Housing Director or Office of Native American Programs Administrator and Date			
X Patsy O. Thacker Executive Director				X			

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
(2) To be completed for the Performance and Evaluation Report

Five-Year Action Plan

Part I: Summary

Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name:		Locality: (City/County & State)			
Calhoun Housing Authority		Calhoun Housing Authority			
A. Development Number/Name	Work Statement for Year 1 FFY:01	Work Statement for Year 2 FFY:2002	Work Statement for Year 3 FFY:2003	Work Statement for Year 4 FFY:2004	Work Statement for Year 5 FFY:2005
GA119-001 Cologa Homes	See Annual Statement		\$140,800		
GA119-002 Wylie McDaniel Homes				\$76,800	
GA119-03A&B Hillhouse & Alexander			\$108,000	\$108,000	\$0
GA119-04A&B Keene & Jones Homes		\$302,734	\$32,000	\$95,288	\$63,000
GA119-005 A. Hastings & Scoggins			\$0	\$0	\$0
GA119-0-5 Site @ Tom Shanahan		\$0	\$0		\$0
		\$0			\$0
HA-Wide Dwelling		\$0	\$13,600	\$13,600	\$13,600
HA-Wide Contingency @ X%		\$0	\$0	\$0	\$0
B. Physical Improvements Subtotal		\$302,734	\$294,400	\$293,688	\$76,600
C. Management Improvements			\$9,000	\$9,000	\$9,000
D. HA-Wide Nondwelling Structures & Equipment		\$22,462	\$45,750	\$22,462	\$263,550
E. Administration		\$14,217	\$14,247	\$14,247	\$14,247
F. Other (Fees & Costs and Relocation)		\$0	\$9,000	\$9,000	\$9,000
G. Operations	\$32,954	\$0	\$24,000	\$0	
H. Demolition	\$0	\$0	\$0	\$0	
I. Replacement Reserve	\$0	\$0	\$0	\$0	
J. Mod Used for Development	\$0	\$0	\$0	\$0	
K. Total CGP Funds	\$372,397	\$372,397	\$372,397	\$372,397	
L. Total Non-CGP Funds	\$0	\$0	\$0	\$0	
M. Grand Total	\$372,397	\$372,397	\$372,397	\$372,397	

Signature of Executive Director and Date:

Signature of Public Housing Director/Office of Native American Programs Administrator and Date:

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 FFY:01	Work Statement for Year 2 FFY:2002			Work Statement for Year 3 FFY:2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Site: None		\$0	GA119-001-003A & 004B Site: Cologa - Hillhouse - C.M. Jones Homes Begin installing Heat & Air Conditioning Units		\$280,800
	Total Site:		\$0	Total Site:		\$280,800
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	Building Exterior: None		\$0	Building Exterior: None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	Dwelling Units: Begin installing Heat & Air Conditioning Units in project 04A and finish remodeling bath and Kitchen in 4 units	50	\$302,734	Dwelling Units: None		\$0
	Total DUs:		\$302,734	Total DUs:		\$0
	Dwelling Equipment:			Dwelling Equipment: None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	Interior Common Areas: None		\$0	Interior Common Areas: None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
	Nondwelling Equipment: None		\$0	Nondwelling Equipment: None		\$0
	Total NDE:		\$0	Total NDE:		\$0
	Subtotal of Estimated Cost		\$302,734	Subtotal of Estimated Cost		\$280,800

Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:01	Work Statement for Year 4 FFY:2004			Work Statement for Year 5 FFY:2005		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Computer Upgrades		\$9,000	Computer Upgrades		\$9,000
	Expansion of the Imagination Station Phase 4		\$22,462	Expansion or rebuild administration office		\$157,462
	Administration - Salary expense for E. D / Maint Foreman/ Asst. E.D.		\$14,247	add parking pad and remodel 111 admin office		\$91,088
	Operations		\$24,000	Salary expense for E.D./Maint Foreman/Asst. E.D.		\$0
	A/E Fees for Consulting and Services		\$9,000	A/E fees for consulting and services		\$14,247
				Expansion of the Imagination Station phase 5		\$0
						\$0
	Subtotal of Estimated Cost		\$78,709	Subtotal of Estimated Cost		\$295,797

Physical Needs Assessment
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB No. 2577-0157 (exp. 7/31/98)

HA Name Calhoun Housing Authority				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number N/A		Development Name MOD for Development		DOFA Date or Construction Date _____	
Development Type:		Occupancy Type:		Structure Type:	
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>
Mutual Help	<input type="checkbox"/>			Elevator	<input type="checkbox"/>
Section 23, Bond Financed	<input type="checkbox"/>				
Number of Buildings					Number of Vacant Units
					0
Current Bedroom Distribution					0.00%
0	0	1	0	2	0
3	0	4	0	5	0
5+	0				
Total Current					
Units					0
General Description of Needed Physical Improvements					Urgency of Need (1-5)
Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$0.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost				Yes	<input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability				Yes	<input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared					
Source(s) of Information:					

Management Needs Assessment
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB No. 2577-0157 (exp. 7/31/98)

HA Name

Anywhere Housing Authority

☐

Original

☐

Revision Number _____

General Description of Management/Operations Needs

Urgency of
Need (1-5)

Preliminary Estimated
HA-Wide Cost

Total Preliminary Estimated HA-Wide Cost

\$0.00

Date Assessment Prepared

Source(s) of Information:

**Executive Summary of
Preliminary Estimated Costs**

Physical and Management/
Operations Needs
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**

Office of Public and Indian Housing

OMB No. 2577-0157 (exp. 7/31/9

HA Name					Federal Fiscal Year	
Anywhere Housing Authority					1997	
Development Number/ Name		Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long Term Viability Y/N	Percent of V&E U
N/A	MOD for Development	0	\$0.00	\$0.00		
N/A	HA-Wide	N/A	See Below	N/A		
PA28P001001	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001002	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001003	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001004	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001005	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001006	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001007	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001008	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001009	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001010	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001011	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001012	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001013	Anywhere Homes	0	\$0.00	\$0.00		
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PA28P001015	Anywhere Homes	0	\$0.00	\$0.00		
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PA28P001022	Anywhere Homes	0	\$0.00	\$0.00		
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PA28P001024	Anywhere Homes	0	\$0.00	\$0.00		
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PA28P001028	Anywhere Homes	0	\$0.00	\$0.00		
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PA28P001030	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001031	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001032	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001033	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001034	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001035	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001036	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001037	Anywhere Homes	0	\$0.00	\$0.00		
Total Preliminary Estimated HA-Wide Cost						
Total Preliminary Estimated Cost for HA-Wide Management/Operations Need						
Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment						
Total Preliminary Estimated Cost for HA-Wide Administration						
Total Preliminary Estimated Cost for HA-Wide Other						
Grand Total of HA Needs						
Signature of Executive Director					Date	
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Annual Statement /Performance and Evaluation Report

U. S. Department of Housing
and Urban Development

OMB Approval No. 2577-0157 (7/98)

Comprehensive Grant Program (CGP)

Part I: Summary

Office of Public and Indian Housing

HA Name Calhoun Housing Authority	Capital Funds 501	FFY of Grant Approval 2001
---	--------------------------	--------------------------------------

☒ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☐ Revised Annual Statement/Revision Number_____
 ☐ Performance and Evaluation Report for Program Year Ending_____
 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (may not exceed 10% of 19)	\$28,875.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements		\$0.00	\$0.00	\$0.00
4	1410 Administration	\$18,326.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs		\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement		\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$302,734.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$22,462.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
16	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
17	1498 Mod Used for Development	\$0.00	\$0.00	\$0.00	\$0.00
18	1502 Contingency (may not exceed 8% of 19)	\$0.00	\$0.00	\$0.00	\$0.00
19	Amount of Annual Grant (Sum of lines 2-19)	\$372,397.00	\$0.00	\$0.00	\$0.00
20	Amount of line 19 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of line 19 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 19 Related to Security	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 19 Related to Energy Conservation	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator & Date:

X Patsy O. Thacker E. D.

X

- 1 To be completed for the Performance & Evaluation Report or a Revised Annual Statement
2 To be completed for the Performance & Evaluation Report

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing
and Urban Development

OMB Approval No. 2577-0157 (7/31/98)

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
GA119-4A James Keene	Site: Replace windows/doors/screen doc	1460		\$150,000.00	\$0.00	\$0.00	\$0.00	
	Start and Complete project							
	Phase II							
	Mechanical and Electrical: None	1460	Total Site:	\$150,000.00	\$0.00	\$0.00	\$0.00	
GA119-005 Tom L. Shanahan	Building Exterior: Begin installing Air Conditioning	1460		\$92,734.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$92,734.00	\$0.00	\$0.00	\$0.00	
GA119-3B Alexander Homes	Dwelling Units: Replace Roof	1460		\$45,000.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$45,000.00	\$0.00	\$0.00	\$0.00	
GA119-3B Alexander Homes	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
GA119-3B Alexander Homes	Interior Common Areas: Expansion of Imagination Station	1470		\$22,462.00	\$0.00	\$0.00	\$0.00	
	Phase 2							
			Total ICAs:	\$22,462.00	\$0.00	\$0.00	\$0.00	
GA119-3B Alexander Homes	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
GA119-3B Alexander Homes	Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00	
			Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	
Total, James			Project Total:	\$310,196.00	\$0.00	\$0.00	\$0.00	

Signature of Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

Patsy O. Thacker - Executive Director

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part III: Implementation Schedule

U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Administration	09/30/02			09/30/03			
HA-Wide Nonroutine vacancy prep.	09/30/02			09/30/03			
GA119-4A James Keene Homes	09/30/02			09/30/03			
GA119-3B Alexander Homes	09/30/02			09/30/03			
Signature of Executive Director and Date			Signature of Public Housing Director or Office of Native American Programs Administrator and Date				
X Patsy O. Thacker Executive Director			X				

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
(2) To be completed for the Performance and Evaluation Report

Five-Year Action Plan

Part I: Summary

Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name:		Locality: (City/County & State)			
Calhoun Housing Authority		Calhoun Housing Authority			
A. Development Number/Name	Work Statement for Year 1 FFY:01	Work Statement for Year 2 FFY:2002	Work Statement for Year 3 FFY:2003	Work Statement for Year 4 FFY:2004	Work Statement for Year 5 FFY:2005
GA119-001 Cologa Homes	See Annual Statement		\$140,800		
GA119-002 Wylie McDaniel Homes				\$76,800	
GA119-03A&B Hillhouse & Alexander			\$108,000	\$108,000	\$0
GA119-04A&B Keene & Jones Homes		\$302,734	\$32,000	\$95,288	\$63,000
GA119-005 A. Hastings & Scoggins			\$0	\$0	\$0
GA119-0-5 Site @ Tom Shanahan		\$0	\$0		\$0
		\$0			\$0
HA-Wide Dwelling		\$0	\$13,600	\$13,600	\$13,600
HA-Wide Contingency @ X%		\$0	\$0	\$0	\$0
B. Physical Improvements Subtotal		\$302,734	\$294,400	\$293,688	\$76,600
C. Management Improvements			\$9,000	\$9,000	\$9,000
D. HA-Wide Nondwelling Structures & Equipment		\$22,462	\$45,750	\$22,462	\$263,550
E. Administration		\$14,217	\$14,247	\$14,247	\$14,247
F. Other (Fees & Costs and Relocation)		\$0	\$9,000	\$9,000	\$9,000
G. Operations	\$32,954	\$0	\$24,000	\$0	
H. Demolition	\$0	\$0	\$0	\$0	
I. Replacement Reserve	\$0	\$0	\$0	\$0	
J. Mod Used for Development	\$0	\$0	\$0	\$0	
K. Total CGP Funds	\$372,397	\$372,397	\$372,397	\$372,397	
L. Total Non-CGP Funds	\$0	\$0	\$0	\$0	
M. Grand Total	\$372,397	\$372,397	\$372,397	\$372,397	

Signature of Executive Director and Date:

Signature of Public Housing Director/Office of Native American Programs Administrator and Date:

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 FFYW01	Work Statement for Year 2 FFYW2002			Work Statement for Year 3 FFYW2003		
	Developed Number/Name/General description of Mayor EOC Categories	Quantity	Estimated Cost	Developed Number/Name/General description of Mayor EOC Categories	Quantity	Estimated Cost
See Annual Statement	HA-Wide Physical Improvements HA-WIDE Site: None		j0	HA-Wide Physical Improvements HA-WIDE Site: None		j0
		Total SiteW	j0		Total SiteW	j0
	ON-DEMAND Mechanical and Electrical: None		j0	ON-DEMAND Mechanical and Electrical: None		j0
		Total MUGW	j0		Total MUGW	j0
	ON-DEMAND Building Exterior: None		j0	ON-DEMAND Building Exterior: None		j0
		Total B.G.W	j0		Total B.G.W	j0
	ON-DEMAND Dwelling Units: None		j0	ON-DEMAND Dwelling Units: None		j0
		Total k,sW	j0		Total k,sW	j0
	HA-WIDE Dwelling Equipment: None		j0	HA-WIDE Dwelling Equipment: Refrigerators and stoves		j134600
		Total k.G.W	j0		Total k.G.W	j134600
	HA-WIDE Interior Common Areas: None		j0	HA-WIDE Interior Common Areas: None		j0
		Total IQAsW	j0		Total IQAsW	j0
	HA-WIDE Site-Wide Facilities: None		j0	HA-WIDE Site-Wide Facilities: None		j0
		Total &EFsW	j0		Total &EFsW	j0
	HA-WIDE Nondwelling Equipment: None		j0	HA-WIDE Nondwelling Equipment: None		j0
		Total NkGW	j0		Total NkGW	j0
	Subtotal of Estimated Cost		j0	Subtotal of Estimated Cost		j134600

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFYW01	Work Statement for Year 4 FFYW200			Work Statement for Year 5 FFYW2005		
	Developed Number/NA/SE/General Description of Major EOC Categories	Quantity	Estimated Cost	Developed Number/NA/SE/General Description of Major EOC Categories	Quantity	Estimated Cost
See Annual Statement	HA-Wide Physical Improvements HA-WIDE Site: None		j0	HA-Wide Physical Improvements HA-WIDE Site: None		j0
		Total SiteW	j0		Total SiteW	j0
	ON-DEMAND Mechanical and Electrical: None		j0	ON-DEMAND Mechanical and Electrical: None		j0
		Total MUGW	j0		Total MUGW	j0
	ON-DEMAND Building Exterior: None		j0	ON-DEMAND Building Exterior: None		j0
		Total B.G.W	j0		Total B.G.W	j0
	ON-DEMAND Dwelling Units: None		j0	ON-DEMAND Dwelling Units: None		j0
		Total k,sW	j0		Total k,sW	j0
	HA-WIDE Dwelling Equipment: Refrigerators and stoves		j134600	HA-WIDE Dwelling Equipment: Refrigerators and stoves		j134600
		Total k.G.W	j134600		Total k.G.W	j134600
	HA-WIDE Interior Common Areas: None		j0	HA-WIDE Interior Common Areas: None		j0
		Total IQAsW	j0		Total IQAsW	j0
	HA-WIDE Site-Wide Facilities: None		j0	HA-WIDE Site-Wide Facilities: None		j0
		Total &EFsW	j0		Total &EFsW	j0
	HA-WIDE Nondwelling Equipment: None		j0	HA-WIDE Nondwelling Equipment: None		j0
		Total NkGW	j0		Total NkGW	j0
	Subtotal of Estimated Cost		j134600	Subtotal of Estimated Cost		j134600

Work Statement for Year 1 FFYW01	Work Statement for Year 2 FFYW200			EorC & State Sent for Year 3 FFYW200		
	Developed by NuSber/NaSe/General description of Mayor EorC Categories	Quantity	Estimated Cost	Developed by NuSber/NaSe/General description of Mayor EorC Categories	Quantity	Estimated Cost
See Annual Statement	Site: None		j0	GA119-001-003A & 004B Site: Coloma - Hillhouse - C.M. Jones Homes Begin installing Heat U Air Conditioning units		j2804800
		Total SiteW	j0		Total SiteW	j2804800
	Mechanical and Electrical: None		j0	Mechanical and Electrical: None		j0
		Total MUGW	j0		Total MUGW	j0
	Building Exterior: None		j0	Building Exterior: None		j0
		Total B.G.W	j0		Total B.G.W	j0
	Dwelling Units: Begin installing Heat & Air Conditioning Units in project 04A and finish remodeling bath and Kitchen in 4 units	50	j302473	Dwelling Units: None		j0
		Total k,sW	j302473		Total k,sW	j0
	Dwelling Equipment:			Dwelling Equipment: None		j0
		Total k.G.W	j0		Total k.G.W	j0
	Interior Common Areas: None		j0	Interior Common Areas: None		j0
		Total IQAsW	j0		Total IQAsW	j0
	Site-Wide Facilities: None		j0	Site-Wide Facilities: None		j0
		Total &EFsW	j0		Total &EFsW	j0
	Nondwelling Equipment: None		j0	Nondwelling Equipment: None		j0
		Total NkGW	j0		Total NkGW	j0
Subtotal of Estimated Cost			j302473	Subtotal of Estimated Cost		j2804800

EorC &stateSent for Year 1 FFYW01	EorC &stateSent for Year FFYW200			EorC &stateSent for Year 5 FFYW2005		
	kevelopSent NuSber/NaSe/meneral kescription of Mayor EorC Qategories	:uantitD	GstiSated Qost	kevelopSent NuSber/NaSe/meneral kescription of Mayor EorC Qategories	:uantitD	GstiSated Qost
See Annual Statement	GA119 002 and 03B and 04B Site: Wylie McDaniel, Alexander and C.M. Jones Begin Heat and Air in 002 Begin Heat and Air in 03B and 04B	82	j2804088	GA119-04B Site: C.M. Jones Homes Finis orC started in 200 for Heating and Air		j634000
		\$otal &iteW	j2804088		\$otal &iteW	j634000
	Mechanical and Electrical: None		j0	Mechanical and Electrical: None		j0
		\$otal MUGW	j0		\$otal MUGW	j0
	Building Exterior: None		j0	Building Exterior: None		j0
		\$otal B.G.W	j0		\$otal B.G.W	j0
	Dwelling Units: None		j0	Dwelling Units: None		j0
		\$otal k,sW	j0		\$otal k,sW	j0
	Dwelling Equipment: None		j0	Dwelling Equipment: None		j0
		\$otal k.G.W	j0		\$otal k.G.W	j0
	Interior Common Areas: None		j0	Interior Common Areas: None		j0
		\$otal IQAsW	j0		\$otal IQAsW	j0
	Site-Wide Facilities: None		j0	Site-Wide Facilities: None		j0
		\$otal &EFsW	j0		\$otal &EFsW	j0
	Nondwelling Equipment: None		j0	Nondwelling Equipment: None		j0
		\$otal NkGW	j0		\$otal NkGW	j0
	Subtotal of Estimated Cost		j2804088	Subtotal of Estimated Cost		j634000

Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:01	Work Statement for Year 4 FFY:2004			Work Statement for Year 5 FFY:2005		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Computer Upgrades		\$9,000	Computer Upgrades		\$9,000
	Expansion of the Imagination Station Phase 4		\$22,462	Expansion or rebuild administration office		\$157,462
	Administration - Salary expense for E. D / Maint Foreman/ Asst. E.D.		\$14,247	add parking pad and remodel 111 admin office		\$91,088
	Operations		\$24,000	Salary expense for E.D./Maint Foreman/Asst. E.D.		\$0
	A/E Fees for Consulting and Services		\$9,000	A/E fees for consulting and services		\$14,247
				Expansion of the Imagination Station phase 5		\$0
						\$0
	Subtotal of Estimated Cost		\$78,709	Subtotal of Estimated Cost		\$295,797

Attachment G

Required Attachment G: Resident Advisory Board Recommendations and PHA response.

Comments from the Resident Advisory Board meeting of December 19, 2000.

1. It is important to put air conditioning in the senior citizens units first.
PHA officials advised that this is already part of the 5-year plan.
2. A question was asked about the expansion of the “Imagination Station”.
PHA officials advised the board that \$15,000 was being set aside out of the Capital Fund program and that plans are being made to begin this project Year
3. Some members of the board are interested in homeownership. **PHA advised those interested to get with the with PHA staff. We will help fill out applications and advise the residents regarding this.**

ATTACHMENT H

Progress in meeting the 5-year plan mission and goals

The Mission Statement of the Calhoun Housing Authority is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination. The Housing Authorities 5-year plan included four goals, which have been or is being addressed as follows:

GOAL # 1 Objective 1: Fifty-six units of affordable housing are now under construction using funds from the HOME and Tax credit Program. Objective 2: The Safety and Crime prevention program is being address by the Housing Authority and local law enforcement's. We have a new Chief of Police who is determined that public housing residents have a safe place to live. Objective 3: New roofs windows, doors and the installation of air conditions will improve the safety and health of residents and increase the marketability of our units.

GOAL #2 Objective 1: We have implemented a deconcentration policy. Our records indicate that our developments have a good mixture of families with higher incomes Vs lower incomes. Objective 2: This has been accomplished. Objective 3: The Housing Authority along with the police department has implemented a procedure to report and track crime. The "One Strike and You're Out" policy is being enforced.

GOAL #3 Objective 1: The Housing Authority has contracted with The Department of Family and Children's service and Family Connection to provide a family advocate for our residents. We have ten residents who have no income. We have four residents working under the 12month-disallowance rule. We work closely with those residents who are not working to help them become self-sufficient. Objective #2: Supportive services are available through agencies such as the hospital, health department, family connection, DFCS, job placements, United Way and individual community churches and individuals. Objective 2: Supportive services such as transportation and health care are provided for the elderly and disable by Gordon County Transit System. United way provided funds for the housing authority to have senior luncheons and recreational outings.

GOAL #4 Objective #1,2,3: We have never had a finding from Fair Housing. Policies are in place and this housing authority does not tolerate discrimination of any kind.

ATTACHMENT I

Criteria for Substantial Deviation and Significant Amendments Amendment and Deviation Definitions

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners and public comment such as the following:

- Changes to rent or admissions policies or organizations of the waiting list.
- Additions of non-emergency work items or change in use of replacement reserve funds under the Capital Fund.
- Additions of new activities not included in the current PHDEP plan and
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing
and Urban Development

OMB Approval No. 2577-0157 (7/98)

Comprehensive Grant Program (CGP)

Part I: Summary

Office of Public and Indian Housing

HA Name Calhoun Housing Authority	Capital Funds 501	FFY of Grant Approval 2001
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☐ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☒ Revised Annual Stmt and Revision Number 1
 ☐ Performance and Evaluation Report for Program Year Ending _____

☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
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2	1406 Operations (may not exceed 10% of 19)	\$32,954.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements		\$0.00	\$0.00	\$0.00
4	1410 Administration	\$14,247.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs		\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement		\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$302,734.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$22,462.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
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15	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
16	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
17	1498 Mod Used for Development	\$0.00	\$0.00	\$0.00	\$0.00
18	1502 Contingency (may not exceed 8% of 19)	\$0.00	\$0.00	\$0.00	\$0.00
19	Amount of Annual Grant (Sum of lines 2-19)	\$372,397.00	\$0.00	\$0.00	\$0.00
20	Amount of line 19 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of line 19 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 19 Related to Security	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 19 Related to Energy Conservation	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director and Date X Patsy O. Thacker E. D.	Signature of Public Housing Director or Office of Native American Programs Administrator & Date: X
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**Executive Summary of
Preliminary Estimated Costs**

Physical and Management/
Operations Needs
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**

Office of Public and Indian Housing

OMB No. 2577-0157 (exp. 7/31/9

HA Name					Federal Fiscal Year	
Anywhere Housing Authority					1997	
Development Number/ Name		Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long Term Viability Y/N	Percent of V&E U
N/A	MOD for Development	0	\$0.00	\$0.00		
N/A	HA-Wide	N/A	See Below	N/A		
PA28P001001	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001002	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001003	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001004	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001005	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001006	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001007	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001008	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001009	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001010	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001011	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001012	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001013	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001014	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001015	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001016	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001017	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001018	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001019	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001020	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001021	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001022	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001023	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001024	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001025	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001026	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001027	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001028	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001029	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001030	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001031	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001032	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001033	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001034	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001035	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001036	Anywhere Homes	0	\$0.00	\$0.00		
PA28P001037	Anywhere Homes	0	\$0.00	\$0.00		
Total Preliminary Estimated HA-Wide Cost						
Total Preliminary Estimated Cost for HA-Wide Management/Operations Need						
Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment						
Total Preliminary Estimated Cost for HA-Wide Administration						
Total Preliminary Estimated Cost for HA-Wide Other						
Grand Total of HA Needs						
Signature of Executive Director					Date	
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Annual Statement /Performance and Evaluation Report

U. S. Department of Housing
and Urban Development

OMB Approval No. 2577-0157 (7/98)

Comprehensive Grant Program (CGP) Part I: Summary

Office of Public and Indian Housing

HA Name Calhoun Housing Authority	Capital Funds 501	FFY of Grant Approval 2001
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☒ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☐ Revised Annual Statement/Revision Number_____
 ☐ Performance and Evaluation Report for Program Year Ending_____

☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (may not exceed 10% of 19)	\$28,875.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements		\$0.00	\$0.00	\$0.00
4	1410 Administration	\$18,326.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs		\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement		\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$302,734.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$22,462.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
16	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
17	1498 Mod Used for Development	\$0.00	\$0.00	\$0.00	\$0.00
18	1502 Contingency (may not exceed 8% of 19)	\$0.00	\$0.00	\$0.00	\$0.00
19	Amount of Annual Grant (Sum of lines 2-19)	\$372,397.00	\$0.00	\$0.00	\$0.00
20	Amount of line 19 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of line 19 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 19 Related to Security	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 19 Related to Energy Conservation	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator & Date:

X Patsy O. Thacker E. D.

X

- 1 To be completed for the Performance & Evaluation Report or a Revised Annual Statement
- 2 To be completed for the Performance & Evaluation Report

Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

U. S. Department of Housing
and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
GA119-4A James Keene	Site: Replace windows/doors/screen door	1460		\$150,000.00	\$0.00	\$0.00	\$0.00	
	Start and Complete project		Total Site:	\$150,000.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
GA119-005 Tom L. Shanahan	Building Exterior: Begin installing Air Conditioning	1460		\$92,734.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$92,734.00	\$0.00	\$0.00	\$0.00	
GA119-3B Alexander Homes	Dwelling Units: Replace Roof	1460		\$45,000.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$45,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
GA119-3B Alexander Homes	Interior Common Areas: Expansion of Imagination Station Phase 2	1470		\$22,462.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$22,462.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00	
			Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	
Total, James			Project Total:	\$310,196.00	\$0.00	\$0.00	\$0.00	

Signature of Executive Director and Date

X Patsy O. Thacker - Executive Director

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part III: Implementation Schedule

U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Administration	09/30/02			09/30/03			
HA-Wide Nonroutine vacancy prep.	09/30/02			09/30/03			
GA119-4A James Keene Homes	09/30/02			09/30/03			
GA119-3B Alexander Homes	09/30/02			09/30/03			
Signature of Executive Director and Date			Signature of Public Housing Director or Office of Native American Programs Administrator and Date				
X Patsy O. Thacker Executive Director			X				

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
(2) To be completed for the Performance and Evaluation Report

HA Name: **Calhoun Housing Authority**

Calhoun Housing Authority

☒ Original ☐ Revision No:

fac simile form HUD-52834 (10/96)
ref Handbook 7485.3

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 FFY:01	Work Statement for Year 2 FFY:2002			Work Statement for Year 3 FFY:2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Site: None		\$0	GA119-001-003A & 004B Site: Cologa - Hillhouse - C.M. Jones Homes Begin installing Heat & Air Conditioning Units		\$280,800
	Total Site:		\$0	Total Site:		\$280,800
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	Building Exterior: None		\$0	Building Exterior: None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	Dwelling Units: Begin installing Heat & Air Conditioning Units in project 04A and finish remodeling bath and Kitchen in 4 units	50	\$302,734	Dwelling Units: None		\$0
	Total DUs:		\$302,734	Total DUs:		\$0
	Dwelling Equipment:			Dwelling Equipment: None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	Interior Common Areas: None		\$0	Interior Common Areas: None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
	Nondwelling Equipment: None		\$0	Nondwelling Equipment: None		\$0
	Total NDE:		\$0	Total NDE:		\$0
	Subtotal of Estimated Cost		\$302,734	Subtotal of Estimated Cost		\$280,800

Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 FFY:01	Work Statement for Year 4 FFY:2004			Work Statement for Year 5 FFY:2005		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Computer Upgrades		\$9,000	Computer Upgrades		\$9,000
	Expansion of the Imagination Station Phase 4		\$22,462	Expansion or rebuild administration office		\$157,462
	Administration - Salary expense for E. D / Maint Foreman/ Asst. E.D.		\$14,247	add parking pad and remodel 111 admin office		\$91,088
	Operations		\$24,000	Salary expense for E.D./Maint Foreman/Asst. E.D.		\$0
	A/E Fees for Consulting and Services		\$9,000	A/E fees for consulting and services		\$14,247
				Expansion of the Imagination Station phase 5		\$0
						\$0
	Subtotal of Estimated Cost		\$78,709	Subtotal of Estimated Cost		\$295,797